

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/744469

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4	1		1			
5	1		1			
6		1		1		
7		1		1		
8		3		1		
9	1		1			
10		①		4		
11		①		4		
12		①		4		
13		①		4		
14		①		4		
15	1		1			
16		1		1		
17		2		1		
18		①		1		
19		①	/			
20		①				
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		↓	27	↓		↓
TOTAL CLAIMS			33			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS